

**CHRISTOPHER WAYNE LESTER  
MADISON MEDICAL GROUP  
RECORDS  
14-O**

extt/01-01-96/\*6

\*. VENDOR COPY \*\*

1024458

Cecil H. Underwood  
Governor

William F. Vieweg  
Commissioner



## West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information  
• Unemployment Compensation • Workers' Compensation  
*an equal opportunity/affirmative action employer*

June 1, 2000

MADISON MEDICAL PLLC  
705 MADISON AVENUE  
MADISON, WV 25130

CHRISTOPHER W LESTER SR  
P.O. BOX 1113  
DANVILLE, WV 25053

Re: Claim 2000046841  
S.S.N. [REDACTED] 3340  
D.O.I. 03/10/2000

### PLEASE READ CAREFULLY - NOTICE OF BENEFITS

I have received medical evidence which indicates you continue to be disabled from working from 04/04/2000 through 06/04/2000.

If it is later determined you are not entitled to benefits or expenses, the Division may recover these overpayments.

If medical evidence showing continued disability is not received, your claim may close for temporary total disability benefits on 07/19/2000.

If you have any questions or concerns, you may reach me at 304-926-5375.

CC: D & M TRUCKING CORPORATION INC  
VASS VOCATIONAL SERVICES

Workers' Compensation Division  
By: Cheryl Armes  
Claims Representative 2

Workers' Compensation Division - Office of Claims Management  
25000 04215 <http://www.state.wv.us/bep>

500688.015.0496

05/31/00 14:28 FAX 369 1525

BOONE REHAB SERV

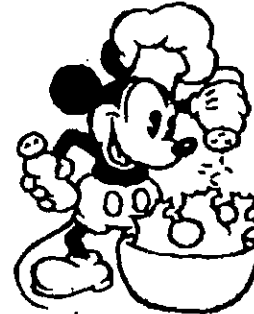
05/31/00



Boone

Memorial Hospital

BOONE PHYSICAL THERAPY  
701 Madison Avenue  
Madison, West Virginia 25130  
Phone 304 369-1230 ext. 242  
FAX 304 369-1525



DATE 5-31-00

SEND TO

Dr Snyder

ATTENTION

- Gaddi -

FAX #

FROM

Pam

Urgent ☒ Reply ASAP Please Comment Please Review For Your Info

TOTAL PAGES, INCLUDING COVER 1

MESSAGE

Patient: Christopher Lester

Request: Prescription for continued  
Physical therapy = Dx.  
If in agreement, please fax.

pt has  
Rx -  
2/14/00 JB

Thanks Pam

**CONFIDENTIALITY NOTICE**  
The documents accompanying this telecopy transmission contain confidential information belonging to the sender, that is legally privileged. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copy, distribution or action taken in reliance on the content of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for return of these documents.

500688.015.0497

05/24/00 08:04 FAX 369 1525

BOONE REHAB SERV

Boone Memorial Hospital

PHYSICAL THERAPY DEPT.

701 Madison Avenue  
Madison, West Virginia 25130  
Phone 304 369-1230 ext. 242  
FAX 304 369-1525



DATE: 5/24/00

SEND TO: Dr. Snyder

ATTEN: Re: Chris Lester

FAX #: 369-1742

FROM: Tricia M. Hingor

Urgent Reply ASAP Please Comment \* Please Review For Your Info

TOTAL PAGES, INCLUDING COVER 2

MESSAGE

*Re: Chris Lester who has an appt. w you  
offici today.*

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500688.015.0498

# Boone Memorial Hospital

701 Madison Avenue Madison, West Virginia 25130 304-369-1230  
May 23, 2000



John Snyder, DO  
705 Madison Ave.  
Madison, WV 25130

Re: Christopher Lester #104551  
Progress Note

Dear Dr. Snyder,

Christopher Lester was initially referred to Boone Physical Therapy on March 28, 2000, with the diagnosis of cervical, left shoulder, and lumbosacral strain. He has been followed 2-3 x wk for a total of 21 visits. He is scheduled for a follow-up appointment in your office on May 24, 2000.

**Our goals** have been to establish an independent home exercise program, improve cervical and L-shoulder AROM, increase L-shoulder PROM, decrease complaints of pain, improve L-shoulder strength and function, and maximize painfree lumbar flexibility.

**Treatment program to date** has consisted of instruction in an independent HEP, participation in a therapeutic exercise program comprised of cervical flexibility exercises as well as active assistive and isometric exercises for the L-shoulder and modalities as indicated to decrease complaints of pain.

**At last visit** on May 23, 2000, Mr. Lester reported a dull pain in his left shoulder at rest which he stated "feels like it's real deep when I start working it" and described this pain as sharp. He stated "My lower back is just killing me. It feels like I've been hit with a ball bat every morning when I get up." He performed his exercise program and received treatment as outline above followed by a brief reassessment.

**Cervical AROM:** Flex 20°, Ext 28°, R-rot 46°, L-rot 22°, R-SB 32°, L-SB 20°

**L-Shoulder AROM:** Flex 80°, ABD 89°, 646°, ER 32°

**Lumbar AROM:** Flex 42°, Ext 19°, R-SB 24°, L-SB 27°

**Assessment:** Overall, Mr. Lester demonstrates a slight improvement in cervical and L-shoulder ROM with the exception of left shoulder external rotation. He reports no significant change in his complaints of pain.

**Plan:** I hope the information presented above will be helpful as you reassess this patient. We will wait for your recommendations regarding further treatment with this patient.

Thank you for the opportunity to work with Mr. Lester. If I may be of further assistance to you regarding this patient or any other patient, please do not hesitate to contact me at 369-1230 ext. 242.

Sincerely,

*Tricia McClung*  
Tricia McClung, PT  
TM/pam

xc: Workers' Comp; SS# [REDACTED] 3340; DOI 3-10-00

500688.015.0499

05/24/00 08:04 FAX 369 1525

BOONE REHAB SERV

## Boone Memorial Hospital

701 Madison Avenue  
May 23, 2000

Madison, West Virginia 25130 304 369-1230



John Snyder, DO  
705 Madison Ave.  
Madison, WV 25130

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Sincerely,

*Tricia McClung*  
Tricia McClung, PT  
TM/par

xc: Workers' Comp; SS# 20-3340; DOI 3-10-00

500688.015.0500

**Attending Physician's Report**

Return Completed Form To:

Workers' Compensation Division

P.O. Box 3151, Charleston, West Virginia 25332

FOR DIVISION USE ONLY

Claims Manager Cheryl Armes  
Trucking/Agr & Food Proc  
Claimant's County BOONE

WC-219 Rev. 9-94

**SECTION I: To be completed by the injured worker (FORM MAY BE RETURNED IF ALL QUESTIONS ARE NOT ANSWERED.)**

1. Claim No. 2000046841	SS No. [REDACTED]-3340	2. Current Telephone No. 304-369-6657
Emp. Fisk No. 98001651	DOI 03/10/2000	
Claimant's Name and Address		Employer's Name and Address
CHRISTOPHER W LESTER SR P.O. BOX 1113 DANVILLE, WV 25053		D & M TRUCKING CORPORATION PO BOX 116 GHENT, WV 25843

3. Please mark any needed changes in your address as printed above.

4. Have you performed any kind of work or have you received income for any work during the time you have been certified temporarily and totally disabled? ☐ Yes ☒ No

5. I hereby certify that the statements and answers set forth above are true and correct to the best of my knowledge and belief, I am aware that the law provides for severe penalties if I knowingly and with fraudulent intent withhold a material fact or make a false statement in order to obtain or increase a benefit that I am not entitled to.

Claimant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION II: To be completed by the Attending Physician (PLEASE COMPLETE ALL QUESTIONS.) Attach Additional Pages If Necessary.**

If claimant has reached maximum degree of medical improvement, please complete form WC-219a, NOTICE OF MAXIMUM MEDICAL IMPROVEMENT.

1. Date of this examination 6/19/00 Month Day Year	2. Date of next appointment 6/21/00 Month Day Year
3. A. Is this the first examination and/or treatment by you for this injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please advise as to how the claimant came under your care.	
B. Does claimant continue under your active care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain.	
C. Has the claimant been referred to another physician for any of the following? (Check appropriate box(es) and explain basis for your referral.) <input type="checkbox"/> Consultation <input type="checkbox"/> Evaluation <input checked="" type="checkbox"/> Treatment PT	
4. Diagnosis (ICD9-CM) code and description 847.0 847.2 847.1 959.01	5. Please describe your treatment plan and list medications currently being prescribed, their dosages, and the refill limit. Conservative treatment maintain physical therapy
6. Has normal or expected recovery been delayed due to complications, concurrent medical problems, pre-existing medical condition, subsequent trauma, etc? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain condition and how it has affected recovery.	
7. Will claimant need rehabilitation services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please specify.	8. Is claimant temporarily and totally disabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is disability due to compensable diagnosis or other causes? Please explain.
9. Please indicate the anticipated date claimant will be able to return to: Modified Work _____ Trial Return to Work 7/24/00 Full-time Work _____	
10. If the claimant has reached maximum medical improvement, is there, or do you anticipate, any permanent impairment as a result of the compensable injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete form WC-219a, Notice of Maximum Medical Improvement.	

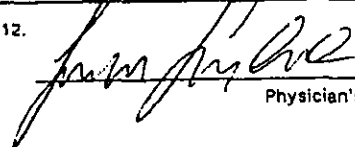
11. Physician's Name, Address &amp; Telephone No.

MADISON MEDICAL PLLC  
705 MADISON AVENUE  
MADISON, WV 25130

Phone: 304-369-5170

FEIN 550664546

12.



Physician's Signature

6/19/00

Date

anire front 6-19-00

500688.015.0501

10/00 08:25 FAX 369 1525

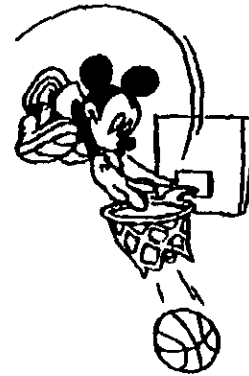
BOONE REHAB SERV

WJVA

Boone Memorial Hospital

PHYSICAL THERAPY DEPT.

701 Madison Avenue  
Madison, West Virginia 25130  
Phone 304 369-1230 ext. 242  
FAX 304 369-1525



DATE: 5/10/00

SEND TO: Dr. Snyder

ATTEN: Re: Chris Lester

FAX #: 369-1742

FROM: Tricia McClung, PT

Urgent Reply ASAP Please Comment x Please Review For Your Info

TOTAL PAGES, INCLUDING COVER 2

MESSAGE

Re: Chris Lester who has an appt. in  
your office today

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# Boone Memorial Hospital

701 Madison Avenue Madison, West Virginia 25130 304-369-1230  
May 9, 2000



John Snyder, DO  
705 Madison Ave.  
Madison, WV 25130

Re: Christopher Lester #104551  
Progress Note

Dear Dr. Snyder,

Christopher Lester was initially referred to Boone Physical Therapy on March 28, 2000, with the diagnosis of cervical and left shoulder strain. He has been followed 2-3 x wk for a total of 17 visits. He is scheduled for a follow-up appointment in your office on May 10, 2000.

**Our goals** have been to establish an independent home exercise program, improve cervical and L-shoulder AROM, increase L-shoulder PROM, decrease complaints of pain, and improve L-shoulder strength and function.

**Treatment program to date** has consisted of instruction in an independent HEP, participation in a therapeutic exercise program comprised of cervical flexibility exercises as well as active assistive and isometric exercises for the L-shoulder and modalities as indicated to decrease complaints of pain.

**At last visit** on May 9, 2000, Mr. Lester reported "I don't feel too bad today." He complained of numbness in his LUE following approximately C8, T1 dermatomal pattern. He complained of 6/10 L-shoulder pain and 7/10 neck pain, which he stated is "right in the back of my neck." He performed his exercise program and received treatment as outline above followed by a brief reassessment.

**Cervical AROM:** Flex 20°, Ext 25°, R-rot 41°, L-rot 20°, R-SB 25°, L-SB 16°.

**L-Shoulder AROM:** Flex 83°, ABD 72°, IR 56°, ER 75°. **Sensation:** Patient demonstrates decreased sensation to light touch of the LUE C8, T1 dermatomes with gross assessment; otherwise sensation appears intact to light touch bil UE.

**Assessment:** Overall, Mr. Lester demonstrate no significant improvements of cervical and L-shoulder ROM nor does he report any significant decrease in his complaints of pain.

**Plan:** I hope the information presented above will be helpful as you reassess this patient. We will wait for your recommendations regarding further treatment with this patient.

Thank you for the opportunity to work with Mr. Lester. If I may be of further assistance to you regarding this patient or any other patient, please do not hesitate to contact me at 369-1230 ext. 242.

Sincerely,

*Tricia McClung*  
Tricia McClung, PT  
TM/pam

xc: Workers' Comp; SS# [REDACTED] 3340; DOI 3-10-00

500688.015.0503

05/10/00 08:25 FAX 369 1525

BOONE REHAB SERV

## Boone Memorial Hospital

701 Madison Avenue  
May 9, 2000

Madison, West Virginia 25130 304-369-1230



John Snyder, DO  
705 Madison Ave.  
Madison, WV 25130

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Sincerely,

*Tricia McClung*  
Tricia McClung, PT  
TM/pam

xc: Workers' Comp; SS# [REDACTED] 3340; DOI 3-10-00

500688.015.0504

auth/09-24-98/\*8

\*\* VENDOR COPY \*\*

1024458

Cecil H. Underwood  
Governor

William F. Vieweg  
Commissioner



## West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
  - Unemployment Compensation • Workers' Compensation
- an equal opportunity/affirmative action employer*

May 5, 2000

MADISON MEDICAL PLLC  
705 MADISON AVENUE  
MADISON, WV 25130

CHRISTOPHER W LESTER SR  
P.O. BOX 1113  
DANVILLE, WV 25053

Re: Claim 2000046841  
S.S.N. [REDACTED] 3340  
D.O.I. 03/10/2000

### PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from MADISON MEDICAL PLLC dated 04/26/2000, is Approved.

medication: Vicodin ES as requested by Dr. Snyder the claimant's treating physician is authorized, in relation to the compensable injury.

Authorized Dates are 04/26/2000 through 07/26/2000.

Your authorization number is 100125042.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact the Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, yWorkers' Compensation Division5.

CC: D & M TRUCKING CORPORATION INC  
VASS VOCATIONAL SERVICES  
BY: Cheryl Armes  
Claims Representative 2

RECEIVED MAY 08 2000

Workers' Compensation Division - Office of Claims Management  
25330 2964 • <http://www.state.wv.us/bep>

500688.015.0505

VASS VOCATIONAL SERVICES  
P.O. Box 162  
SUMMERSVILLE, WV 26651

AUTHORIZATION AND CONSENT TO OBTAIN  
MEDICAL AND EMPLOYMENT INFORMATION

I hereby consent and request that the bearer be permitted to examine and obtain copies of all hospital and medical records, interview all doctors and other attendants and all employers and former employees regarding matters relating to examination, diagnosis, care and treatment of myself, earnings and loss of earnings and all educational background.

I am willing that a Photostat of this authorization be accepted with the same authority as the original.

Signed *Chris Lester* Date 5-3-00

Address 233-15-3346

Witness *Amel M. Whip* Date 5-3-00

Witness \_\_\_\_\_ Date \_\_\_\_\_

Please Send Letter + Reports to:  
Roseann Russo  
1809 Huber Road  
Charleston, WV 25314

# Boone Memorial Hospital

701 Madison Avenue Madison, West Virginia 25130 304-369-1230

April 20, 2000



John Snyder, DO  
705 Madison Ave.  
Madison, WV 25130

Re: Christopher Lester #104551  
Progress Note

Dear Dr. Snyder,

Christopher Lester was initially referred to Boone Physical Therapy on March 28, 2000, with the diagnosis of cervical and left shoulder strain. He has been followed 2-3 x/wk for a total of 10 visits. He is scheduled for a follow-up appointment in your office on April 20, 2000.

**Our goals** have been to establish an independent home exercise program, improve cervical and L-shoulder AROM, increase L-shoulder PROM, decrease complaints of pain, and improve L-shoulder strength and function.

**Treatment program to date** has consisted of instruction in an independent HEP, participation in a therapeutic exercise program comprised of cervical flexibility exercises as well as active assistive exercises for the L-shoulder and modalities as indicated to decrease complaints of pain.

**At last visit** on April 19, 2000, Mr. Lester reported "I feel awful today. My low back and shoulder are killing me. I've been keeping that headache." He complained of L-superior shoulder pain with radiation in his LU trapezius and scapular region as well as pain along the spinous processes in the cervical region and R-side sub-occipital muscles. He performed his exercise program and received treatment as outline above followed by a brief reassessment.

**Cervical AROM:** Flex 23°, Ext 28°, R-rot 53°, L-rot 20°, R-SB 20°, L-SB 18°.

**L-Shoulder AROM:** Flex 78°, ABD 79°.

**Assessment:** Overall, Mr. Lester continues to demonstrate restricted cervical and L-shoulder AROM. He reports no significant change in his subjective complaints of pain.

**Plan:** I hope the information presented above will be helpful as you reassess this patient.

Thank you for the opportunity to work with Mr. Lester. If I may be of further assistance to you regarding this patient or any other patient, please do not hesitate to contact me at 369-1230 ext. 242.

Sincerely,

*Tricia McClung*  
Tricia McClung, PT  
TM/pam

xc: Workers' Comp; SS# 2[REDACTED]340; DOI 3-10-00

301467

MADISON MEDICAL, P.L.L.C.  
705 MADISON AVE.  
MADISON, WV 25130  
PHONE# (304)369-5170 FAX# (304)369-1742

MEDICAL RECORDS RELEASE AUTHORIZATION

TO: Dr. Mc Gen  
DOCTOR

ADDRESS: Wash. And Morris St.  
Charleston, WV 25301

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

J. Mark Snyder, DO

THE COMPLETE RECORDS IN YOUR POSSESSION CONCERNING MY  
ILLNESSES AND/OR TREATMENTS DURING THE PERIOD FROM:

all records re: Workers Comp. Injury  
TO

NAME: Christopher Lester DATE: 4/7/00

ADDRESS: PO Box 1113  
Danville, WV 25053

BIRTHDATE: [REDACTED] 71 SSN# [REDACTED] 3340

SIGNATURE: Chris Lester  
(IF RELATIVE STATE RELATION)

WITNESS: Maail Hessinger

THIS RELEASE AND AUTHORIZATION SHALL BE VALID FOR ONE YEAR  
FROM ITS DATE OF SIGNATURE UNLESS TERMINATED IN WRITING BEFORE  
THAT DATE.

\*\*If a fee is required for records please pre-bill. The physicians office will  
not be responsible for any fees incurred.

RECEIVED MAY 0 C 2000

500688.015.0508

\*\*\*\*CHARLESTON AREA MEDICAL CENTER\*\*\*\*  
 \*\*\*\*ADMISSIONS FORM\*\*\*\*

PT NAME: LESTER, CHRISTOPHER W  
 NURS STA: MED REC #: 0000301467 PT #: 1203788565  
 ROOM/BED: HOSP SVC: GER PT TYPE: E TRAUMA: Y  
 RACE: W SEX: M RELIGION: UNK  
 == PT INFO == PT EMPLOYER INFO ==  
 25-3340 12/23/1971 28 EASTERN ASSOCIATED / PEABODY COAL  
 P.O. BOX 1113 NOT AVAIL.  
 DANVILLE WV CHARLESTON WV 25324-  
 25053- 304 369-2395 OCC: -3450 EXT:  
 FC: F MS M  
 ===== GUARANTOR INFORMATION =====  
 LESTER, CHRISTOPH PT REL: S  
 P.O. BOX 1113 EMPLOYER: EASTERN ASSOCIATED / PEABODY  
 DANVILLE WV EMP ADDR: NOT AVAIL.  
 25053- 304 - 369-2395 CHARLESTON WV  
 DOB: 12/23/1971 SS#: 233-15-3340 25324- 304 - 292-3450  
 ===== PRIMARY ===== EMERGENCY CONTACT ===== SECONDARY =====  
 LESTER, APRIL  
 P.O. BOX 1113  
 DANVILLE WV 25053-  
 HPH: - PT REL: U HPH: - PT REL:  
 WPH: - EXT: WPH: - EXT:  
 ===== INSURANCE INFORMATION =====  
 INS CODE: F01 WORK COMP WV PRE CERT:  
 POLICY NO: 233153340 GROUP SUB REL: S  
 ADDRESS: 4700 MACCORKLE AVE  
 CHARLESTON WV 25304- PRIORITY: 1  
 SUBSCR: LESTER, CHRISTOPH  
 INS CODE: PRE CERT:  
 POLICY NO: GROUP SUB REL:  
 ADDRESS: PRIORITY:  
 SUBSCR:  
 INS CODE: PRE CERT:  
 POLICY NO: GROUP SUB REL:  
 ADDRESS: PRIORITY:  
 SUBSCR:  
 INS CODE: PRE CERT:  
 POLICY NO: GROUP SUB REL:  
 ADDRESS: PRIORITY:  
 SUBSCR:

PRINTED BY: BHANCO

===== PHYSICIAN INFORMATION =====  
 ADMIT DT/TM: 03/10/00 07.07 ADM SOURCE: EO  
 ADM DR NAME: BAILEY, T. DAVID ADM DR NO: 009167  
 ATN DR NAME: BAILEY, T. DAVID ATN DR NO: 009167  
 REF DR NAME: NONE REF DR NO: 090100  
 PCP DR NAME: UNKNOWN DOCTOR PCP DR NO: 099994  
 VISIT REASON: FALL/UNKNOWN INJURIES

ADV DIR EXEC: N PAL: N

07:07 03/10/00 FROM 185M, ZPADMTF4

42CF3882

500688.015.0509

Identification		EDP History & Physical Worksheet - Trauma -	
NAME: LESTER, CHRISTOPHER W BAILEY, T. DAVID ADM 03/10/00 GED MRN: 00003014 PIN: 1203788555 DOB: 03/10/1971		Date/Time of Treatment: 07:40 AM PM	
Level 1, 2, 3 Documentation - 1 to 3 elements		Level 4 - 4+ elements or 3 chronic or inactive conditions	
Level 5 - 4+ elements or 3 chronic or inactive conditions			
<b>Chief complaint:</b> Fell off truck, Pt. Fell backwards off truck, 2 heights Age 28			
Hx: head, @ brace (Klimate), Loc: @ head, @ sh, @ rib, Sex:			
@ hip @ ankle pain, pain - deep breathing			
<b>Symptom/Location:</b> Head, @ sh, @ hip, @ rib, @ ankle pain			
<b>Severity:</b> Moderate			
<b>Modifying Factors:</b> ↑ E palp & movement			
<b>Context/Mechanism of Injury:</b> MVA @ assault seat belt			
<input type="checkbox"/> Quality <input type="checkbox"/> Duration <b>Timing/Time of Injury:</b> ~ 5:30 AM		<input type="checkbox"/> Risk alcohol drug abuse <input type="checkbox"/> Treatment PTA/Response <input type="checkbox"/> Other Pertinent History <input type="checkbox"/> EMS Direction	
<b>Associated Signs &amp; Sx:</b> @ NWT			
Level 1, 2, 3 Documentation - 1 system, problem pertinent		Level 4 Documentation - 2 to 9 systems	
Level 5 Documentation - 10+ systems			
<input type="checkbox"/> All systems negative except as noted <input type="checkbox"/> Unable to fully assess due to: ( ) altered LOC ( ) patient condition ( ) other		<input type="checkbox"/> Risk alcohol drug abuse <input type="checkbox"/> Treatment PTA/Response <input type="checkbox"/> Other Pertinent History <input type="checkbox"/> EMS Direction	
<input checked="" type="checkbox"/> All normal - when negative - Circle positive		<input type="checkbox"/> Risk alcohol drug abuse <input type="checkbox"/> Treatment PTA/Response <input type="checkbox"/> Other Pertinent History <input type="checkbox"/> EMS Direction	
EENT: sore throat, hoarseness, rhinorrhea, nasal congestion, hearing loss		GASTRO: dyspepsia, discharge, dyspareunia, change MS, agitation, suicidal, constipation, depression, hostile	
CV: chest pain, rapid HR, LE edema, peripheral edema, orthopnea		MUSC: myalgia, back/neck pain, redness, fatigue, polyuria, hair change, weakness, polydipsia, heat tolerance	
RES: SOB, prod. cough, DOE, hemoptysis, @ rib		SKIN: rash, hives, conjunctivitis, bleeding, nodes, bruising, petechiae	
EYE: redness, discharge, visual loss, vision change		ALLO: numbness, tingling, weakness, change LOC, change speech	
Level 1, 2, 3 Documentation - None		Level 4 Documentation - One area	
Level 5 Documentation - 2 of 3 areas			
MEDICATIONS: CAD, CA, TETANUS, LUP, @ P, Contraception		ALLERGIES: @ Sea Nerve Nerve, @ Sea Nerve Nerve	
Social History: DM, HBP, CAD, CH, Ca, Tobacco, Marital Status, ETOH, Sub Abuse, Lives Alone			
<b>Lab</b>		<b>X-Ray</b>	
<input checked="" type="checkbox"/> CBC 8/11/01 266 <input type="checkbox"/> HOC <input type="checkbox"/> Urine drug screen <input checked="" type="checkbox"/> Amy - 31 <input type="checkbox"/> Additional testing/results <input type="checkbox"/> Review old charts <input type="checkbox"/> Consultation Dr. Time Called Time answered Time arrived		<input checked="" type="checkbox"/> CT Scan - 8/11/01 <input checked="" type="checkbox"/> CT Scan - NAD but see CT <input checked="" type="checkbox"/> CXR - 8/11/01 <input checked="" type="checkbox"/> Pains - 8/11/01 <input checked="" type="checkbox"/> CT head/neck & spine <input checked="" type="checkbox"/> Spine - wedge fracture <input checked="" type="checkbox"/> @ hip/ankle pain - neg	
<b>EKG</b>		<input type="checkbox"/> 12 Lead <input type="checkbox"/> Rhythm Strip Rate Rhythm Intervals Interpreted by: (Initials) Time: <input type="checkbox"/> Pulse oximetry and interpretation <input type="checkbox"/> Repeat pulse oximetry and interpretation	



Identification		EDP History & Physical Worksheet - Trauma -	
LESTER, CHRISTOPHER W. MR: 0000301 BAILEY, T. DAVID PH: 1203788565 AOM 03/10/00 GED DOB 03/10/1971		07:40 AM PM	
NAME		Date/Time of Treatment	
Level 3 - 2 to 4 body areas / organ systems		Level 4 - 5 to 7 body areas / organ systems	
Physical Examination:		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal positives and provide additional documentation	
<b>C</b> Vital signs per nurses notes <input checked="" type="checkbox"/> Well developed, well nourished <input checked="" type="checkbox"/> No acute pain/distress <input checked="" type="checkbox"/> Odor ETOH <b>P</b> Alert and oriented to TPP <input checked="" type="checkbox"/> No abnormalities of mood or effect <input checked="" type="checkbox"/> Memory (recent and remote) intact <b>E</b> PERRL <input checked="" type="checkbox"/> Conjunctivae and lids normal <input checked="" type="checkbox"/> Fundi and discs normal <input checked="" type="checkbox"/> EOM normal <b>O</b> Otoloscopic exam of external canal and TM's normal <input checked="" type="checkbox"/> Nasal mucosa, turbinates, and septum normal <input checked="" type="checkbox"/> Mouth, tongue, and pharynx normal <input checked="" type="checkbox"/> Pharynx without edema, stridor, or injection <b>N</b> Neck supple <input checked="" type="checkbox"/> No JVD <input checked="" type="checkbox"/> No thyromegaly <input checked="" type="checkbox"/> No bruits <b>R</b> Normal respiratory effort and excursion <input checked="" type="checkbox"/> No rales, rhonchi or wheezes <input checked="" type="checkbox"/> Normal to percussion <input checked="" type="checkbox"/> Equal air entry <b>C</b> Normal PMI with no thrills, RSR <input checked="" type="checkbox"/> No murmurs or gallops <input checked="" type="checkbox"/> Normal carotids <input checked="" type="checkbox"/> No edema or varicosities <b>M</b> Normal speech <input checked="" type="checkbox"/> CN II-XII intact <input checked="" type="checkbox"/> DTRs normal, no pathologic reflexes <input checked="" type="checkbox"/> Normal motor and sensory function <input type="checkbox"/> Physical Examination incomplete due to critical condition of patient.	Fully Immobile, C-collar + B-Baro No masses or tenderness No adenopathy of neck No adenopathy of axillae No adenopathy of groin No adenopathy, other No masses or tenderness Breasts symmetrical No discharge No masses or tenderness No rales, rhonchi or wheezes Normal to percussion Equal air entry Normal PMI with no thrills, RSR No murmurs or gallops Normal carotids No edema or varicosities Normal speech CN II-XII intact DTRs normal, no pathologic reflexes Normal motor and sensory function	<input checked="" type="checkbox"/> No masses or tenderness <input checked="" type="checkbox"/> Normal liver, spleen, kidney <input checked="" type="checkbox"/> No hernia <input checked="" type="checkbox"/> Rectal, not indicated <input type="checkbox"/> Rectal normal <input type="checkbox"/> Hemoccult negative <input checked="" type="checkbox"/> Normal bowel sounds <input type="checkbox"/> Genitalia normal to inspection <input type="checkbox"/> No masses, tenderness or adenopathy <input type="checkbox"/> Genitalia normal to palpation <input type="checkbox"/> Normal cervix <input type="checkbox"/> Normal bimanual <input type="checkbox"/> Bladder <input type="checkbox"/> Uterus <input type="checkbox"/> Adnexa <input type="checkbox"/> Normal gait and station <input type="checkbox"/> Normal digits and nails <input type="checkbox"/> Normal spine <input type="checkbox"/> No long bone injury <input type="checkbox"/> Normal ROM <input type="checkbox"/> No Battle's sign/Raccoon eyes <input type="checkbox"/> Pupils stable <input type="checkbox"/> Normal to inspection <input type="checkbox"/> Normal to palpation <input type="checkbox"/> No lacerations <input type="checkbox"/> No abrasions/bruising/burns	7 Top Ash tend Pain @ hip 2 leg rolling Lat tend @ ankle No CVA tend. Good ROM, DTRs, NUI
<b>Physician Procedures</b> <input type="checkbox"/> Time of procedure _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Critical Care Time _____		Additional documentation A had NO tend. End T11 area. Reports he has old T10 or T11 comp. Frx. I did pt. opt. for he wants to go home. Recalls none fall 45 ft.	
Documentation of Medical Decision Making process, including differential diagnosis, nature and severity of problem, risk of morbidity and mortality and other factors.			
Initial Impression/Differential Diagnoses			
Full T Mult Ext Int - RLA Fr; CHI - RLA Bl / RLA Fr Additional history, exam, reassessments 1200 USS - still same pain Pt unch - wlu in prog.			
Primary Diagnosis		Secondary Diagnosis	
Fall T CHI		Multiple Blunt Ext Trauma	
Secondary Diagnosis		Secondary Diagnosis	
Cervical / Thoracolumbar strain			
Disposition		Prescriptions	
<input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Disch. <input type="checkbox"/> Admit <input type="checkbox"/> AMA <input type="checkbox"/> Transfer To (location) <input type="checkbox"/> Exp.		Vicoden 5mg	
To (location)		1 - pill per	
DIC Instructions		#70	
History reviewed and agree, Exam/MOM/Procedures performed by Physician		Signature: [Signature]	
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**Charleston Area  
Medical Center**  
Charleston, West Virginia

PATIENT NAME (LAST, FIRST, MIDDLE) <b>LESTER CHRISTOPHER</b>					
MR# <b>0000301457</b>	ACCT# <b>1203788565</b>	VISIT DATE/TIME <b>03/10/00</b>	SEX <b>M</b>	AGE <b>28</b>	
EMERGENCY PHYSICIAN <b>BAILEY, T. DAVID</b>			ALLERGIES <b>NKDA</b>		
PRIVATE PHYSICIAN <b>UNKNOWN DOCTOR</b>			ED IN PAST 72 HOURS <b>N</b>	LMP <b>-</b>	Tel <b>450</b>
TRIAGE TIME <b>0700</b>	TIME <b>0702</b>	BP <b>120/71</b>	P <b>101</b>	RR/O2 Sat <b>18</b>	T <b>51.5</b>
TRIAGE CAT <b>N</b>					
WEIGHT <b>280</b>					



CURRENT MEDS/DOSEAGE: <b>Ø Meds</b>					
TRIAGE COMPLAINT: <b>fell e work. ? LOC. @ sides HA, @ should- pain, @ rib pain</b>					
TIME <b>0706</b> HPI:					
<b>Fell off truck &amp; hit head - @ sh, @ ribs @ hp.</b>					
<b>Template</b>					
PAST:					
PSHx:					
SOCIAL Hx:				FAM Hx:	
ROS: GENERAL				EYES	
ENT				ENDO	
RESP					
CVS					
GI					
GU				MSK	
NEURO				SIGN	
MONITORING:		DIAGNOSTICS:		ADDITIONAL DIAGNOSTICS:	
<input type="checkbox"/> CARDIAC <input type="checkbox"/> BP <input type="checkbox"/> PULSE OX <input type="checkbox"/> FOLEY CATHETER <input type="checkbox"/> NG TUBE		<input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> BSMB <input type="checkbox"/> CARDIAC PANEL <input type="checkbox"/> BLOOD CULT <input type="checkbox"/> DS SCREEN <input type="checkbox"/> PT/PTT <input checked="" type="checkbox"/> AMYLASE <input checked="" type="checkbox"/> UA <input type="checkbox"/> HCG <input type="checkbox"/> ETOH		<input type="checkbox"/> EKG <input type="checkbox"/> CCU STICK <input type="checkbox"/> THROMBO STICK <input type="checkbox"/> TRAUMA STICK <input type="checkbox"/> STROKE STICK <b>C spine</b> <b>CXR</b> <b>Pelvis</b>	
				<b>@ shoulder</b> <b>@ hp</b> <b>@ ankle</b> <b>CT head</b> <b>T spine</b> <b>@ spine</b>	
TIME		NURSING ORDERS		TIME	
<b>0752</b>		<b>Toradol 30mg IV</b>		<b>Demoral 25mg IV</b>	
				<b>Demoral 25mg IV</b>	
DIAGNOSIS:					
CONSULTS/TIME		DISP. TIME		ADMITTING PHYSICIAN	
UNIT					
DISCHARGE INSTRUCTIONS:					
FOLLOW UP:					
When:					
PHYSICIAN SIGNATURE:					

17-8480 Page 2 of 2 Rev. 4-99

EMERGENCY DEPARTMENT

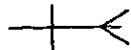


500688.015.0512

**Charleston Area  
Medical Center**

Charleston, West Virginia



\*8480\*

PATIENT NAME <b>LESTER</b>		<b>CHRISTOPHER</b>		<div style="display: inline-block; width: 100px; height: 100px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); border: 1px solid black;"></div> <div style="display: inline-block; width: 100px; height: 100px; background: repeating-linear-gradient(-45deg, transparent, transparent 2px, black 2px, black 4px); border: 1px solid black;"></div> <div style="text-align: center; margin-top: 5px;">1203788565</div>													
MR# <b>0000301467</b>	ACCOUNT # <b>1203788565</b>																
PHYSICAL EXAM: <div style="height: 150px; border-bottom: 1px solid black;"></div>																	
PROCEDURES: <div style="height: 100px; border-bottom: 1px solid black;"></div>																	
REASSESSMENTS: <div style="height: 100px; border-bottom: 1px solid black;"></div>																	
EXG: <div style="height: 40px; border-bottom: 1px solid black;"></div>																	
<b>BSMB:</b> <div style="text-align: center; margin-top: 10px;"></div>		<b>CBC:</b> <div style="text-align: center; margin-top: 10px;"></div>		<b>LAB RESULTS:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>W: <input type="checkbox"/> B <input type="checkbox"/></div><div>UA: SG <input type="checkbox"/> WBC <input type="checkbox"/> RBC <input type="checkbox"/> BACT <input type="checkbox"/> NIT <input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>L <input type="checkbox"/> M <input type="checkbox"/></div><div>ABG: <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 100px;">PO2</td><td style="width: 100px;">pH</td><td style="width: 100px;">pCO2</td><td style="width: 100px;">pO2</td><td style="width: 100px;">HCO3</td><td style="width: 100px;">O2 Sat</td></tr><tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td></tr></table></div></div>		PO2	pH	pCO2	pO2	HCO3	O2 Sat						
PO2	pH	pCO2	pO2	HCO3	O2 Sat												
OTHER: <div style="height: 40px; border-bottom: 1px solid black;"></div>																	
X-RAY RESULTS: <div style="height: 100px; border-bottom: 1px solid black;"></div>																	
CONDITION ON DISPOSITION: <input type="checkbox"/> IMPROVED <input type="checkbox"/> SAME <input type="checkbox"/> WORSE <input type="checkbox"/> EXPIRED				PHYSICIAN SIGNATURE <div style="text-align: center; margin-top: 10px;"></div>													
BP	P	RR	T														

**EMERGENCY DEPARTMENT CRITICAL CARE RECORD**  
**NURSES NOTES**

Page 2 of 2

DATE:

3/10/00

LESTER CHRISTOPHER W MFC 0000301467  
BAILEY T. DAVID PNC 1203788565  
ADM 03/10/00 GED 008 197

[illegible]

**NURSE'S SIGNATURE:**

17-6218-0001 Pg. 2 of 2

ITEM 42019

EMERGENCY DEPARTMENT CRITICAL CARE RECORD NURSES NOTES

MR- Rev. 2-99

500688.015.0515

**Charleston Area  
Medical Center**

Charleston, West Virginia



\* 7 3 9 4 \*

USE SPACE BELOW FOR IDENTIFICATION IF NECESSARY

NAME

ROOM NO.

**EMERGENCY DEPARTMENT:**

- ☒ GENERAL DIVISION — (304) 348-7498  
☐ MEMORIAL DIVISION — (304) 348-4170  
☐ WOMEN & CHILDREN'S HOSPITAL — (304) 348-2550

LESTER, CHRISTOPHER W MR: 0004301467  
 BAILEY, T. DAVID PN: 1203788565  
 ADM 03/10/00 GED DOB: 0000001971

**INSTRUCTIONS FOR THE PATIENT WITH HEAD INJURY****A. GENERAL INFORMATION**

- Most head injuries are minor and do not require hospitalization. However, some apparently minor head injuries can be serious.
- It is not possible to hospitalize all head injuries for observation so observation at home by a responsible person is important.
- X-rays will not always show the seriousness of head injuries — they show only whether or not there is a fracture (break) in the skull.

**B. OBSERVATION OF THE PATIENT WITH HEAD INJURY**

- One of the most important signs is the mental status or degree of alertness. The patient should awaken normally.
- The inability to function normally — walking, talking, eating — is a danger signal.

**THE SPECIFIC DANGER SIGNALS TO WATCH FOR ARE: (Any or all are important)**

- The patient will not awaken normally.
- The patient becomes restless or agitated.
- The patient is unable to balance himself.
- The patient becomes confused.
- Weakness or paralysis on one side develops — or one pupil becomes large.

**OTHER SIGNS TO OBSERVE FOR ARE:**

- Vomiting (although vomiting after a head injury is not uncommon in children, it is more significant in adults.)
- Convulsions (this is a very important sign).
- Elevated temperature
- Stiff Neck
- The patient's headache is persistent.
- There is difficulty with vision.

**C. TREATMENT OF THE PATIENT WITH HEAD INJURY**

- Awaken the patient every 2-3 hours. (To awaken the patient more often than every two hours may make him too irritable and tired.) In the case of children, let them walk to the bathroom — if they are able to do this maneuver well, they are reasonably alert and coordinated.
- Keep the patient calm and at rest for at least 24 hours after the injury.
- For headache, take only medication as directed by the physician. Giving other medication, or allowing the patient to take sedatives or alcohol will make it difficult to judge his alertness and coordination.

**D. WHAT TO DO IF ABNORMALITIES DEVELOP**

If any of the above mentioned signs are noticed you are advised to contact your private physician or the physician to which you were referred. If your private physician is not available, you may return to the Emergency Department at which the patient was seen, or to a closer Emergency Department if necessary. You may, also, call if needed.

IT IS IMPORTANT THAT THE PATIENT AND/OR GUARDIAN KEEP THIS SHEET OF INSTRUCTIONS, READ AND UNDERSTAND IT, AND CONTACT A PHYSICIAN OR HOSPITAL IF THERE ARE ANY QUESTIONS OR PROBLEMS.

Patient's Name

Patient's Signature

Witness Signature

White Copy — Chart • Yellow Copy — Patient

17-7394

Date

Patient's Representative (parent, relative, or guardian) Signature

Relationship

**EMERGENCY DEPARTMENT HEAD INJURY INSTRUCTIONS**

MR Rev. 2-99

500688.015.0516



# Charleston Area Medical Center

## EMERGENCY PHYSICIAN CHARGE SHEET

08 Memorial 51 General 67 W&C

### DEPARTMENT EXAMINATION

- 0111-8 Level one (brief)  
0112-6 Level two (limited)  
0113-4 Level three (intermediate)  
0114-2 Level four (extended)  
0115-9 Level five (comprehensive)

### TREATMENT AND PROCEDURES

- 06059 Removal of Intranasal Foreign Body  
08014 \*I & D Subcutaneous Abscess Simple  
08030 \*I & D Paronychia  
06042 Subcutaneous Foreign Body Removal Complicated  
08022 I & D Subcutaneous Abscess Complicated  
10077 Critical Care x 1 Hour  
10085 Critical Care additional 30 min.  
10119 Thrombolysis Coronary IV Infusion

### WOUND REPAIR SCHEDULE

#### SIMPLE REPAIR

Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (Including Hands and Feet)

- 03015 \*up to 2.5 cm.  
03023 \*2.5 cm. to 7.5 cm.  
03031 7.5 cm. to 12.5 cm.  
03049 12.5 cm. to 20.0 cm.

Face, Ears, Eyelids, Nose, Lips, and/or Mucous Membranes

- 03064 \*up to 2.5 cm.  
03072 \*2.5 cm. to 5.0 cm.  
03080 5.0 cm. to 7.5 cm.  
03098 7.5 cm. to 12.5 cm.

#### REPAIR INTERMEDIATE

Scalp, Axillae, Trunk and/or Extremities (Excluding Hands and Feet)

- 03510 \*up to 2.5 cm.  
03528 \*2.5 cm. to 7.5 cm.  
03536 7.5 cm. to 12.5 cm.  
03544 12.5 cm. to 20.0 cm.

Neck, Hands, Feet and/or External Genitalia

- 03551 \*up to 2.5 cm.  
03569 2.5 cm. to 7.5 cm.  
03577 7.5 cm. to 12.5 cm.  
03585 12.5 cm. to 20.0 cm.

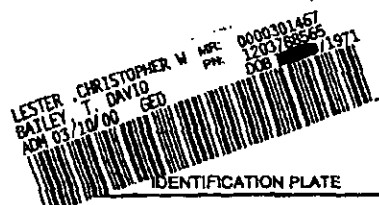
Face, Ears, Eyelids, Nose, Lips, and/or Mucous Membranes

- 03593 \*up to 2.5 cm.  
03601 2.5 cm. to 5.0 cm.  
03619 5.0 cm. to 7.5 cm.  
03627 7.5 cm. to 12.5 cm.

### PROCEDURES

#### CARDIOPULMONARY PROCEDURES

- 04013 External Heart Massage  
04021 Endotracheal Intubation  
04039 Cardioversion of Arrhythmia  
04047 Percutaneous Transtracheal Ventilation  
04062 Thoracotomy



### PROCEDURES

#### CARDIOPULMONARY PROCEDURES - Continued

- 04070 Thoracostomy Tube Insertion  
04088 Pericardiocentesis  
04104 Temporary External Pacing  
02017 EKG, Rhythm Strip Interpretation x

#### ORTHOPEDIC PROCEDURES

- 05010 Arthrocentesis, Major Joint  
05028 Reduce Dislocation of Finger or Toe  
05036 Reduce Dislocation of Shoulder  
05044 Reduce Dislocation - Elbow  
05051 Reduced Dislocation - Radial Head  
05069 Reduce Dislocation of TM Joint  
05101 Closed Reduction Toe Fracture  
08071 Ankle Dislocation/Reduction

#### INDEPENDENT PROCEDURES

- 02058 Occult Blood  
07016 Arterial Puncture  
07032 CVP Line Insertion  
07073 Lumbar Puncture  
07081 Mast Application  
07099 \*Nasal Bleed - Anterior with Cautey  
07107 \*Nasal Bleed - Anterior with Packing  
07115 \*Nasal Bleed - Posterior with Packing  
07123 Nasogastric Tube Insertion with Lavage  
07131 Peritoneal Cannula Insertion  
07149 Venipuncture - Femoral, External Jugular, Etc.  
06089 Lavage External Canal - Ear

#### HOSPITAL PROCEDURES

- 06 Memorial 49 General  
05006 Minimal #1  
05501 General #2  
06004 Intermediate #3  
06509 Urgent #4  
06756 Comprehensive #5  
07002 Emergent #6  
07507 Major #7  
07606 Trauma Pack  
07804 Cath Occlusion Percutaneous Aortic  
07705 Blood Warmer Tubing  
0751-5 Peds, Nurse Triage

#### ORTHOPEDIC SUPPLIES

- 1099 Velcro Wrist Splint 1089 Elbow Splint  
1081 Velcro Ankle Splint 0010 Sling  
1092 Metacarpal Splint 1070 Short Arm Cast (Fiberglass)  
1091 Knee Immobilizer 1088 Youth Crutch  
1098 Shoulder Immobilizer 0722 Short Leg Cast (Fiberglass)  
0005 Clavicle Strap 1084 Full Arm Splint  
1085 Foam Cervical Collar 1071 Long Arm Cast (Fiberglass)  
0790 Philly Collar  
1087 Crutches  
1111 Walker  
1040 Posterior Splint  
1014 Short Arm Cast  
1013 Long Arm Cast  
1012 Short Leg Cast  
1011 Long Leg Cast  
0001 Cast Room Fee

CHARLESTON AREA MEDICAL CENTER  
Department of Medical Imaging

ENCOUNTER: 1203788565

NAME: LESTER, CHRISTOPHER W  
MRN:00301467 PT. LOCATION:  
DOB: [REDACTED]/1971 00:00 SEX:M  
Patient type: E

Req. Phys: BAILEY,  
DAVID

Requesting Service: GEN EMERGENCY DEPARTMENT  
PT. NUMBER: 1203788565

Order: 1119241 Result: 930851 Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: C5 FELL QUES LOC RT SIDED HASHOULDER RIB PAIN

CERVICAL SPINE ROUTINE

C6 and C7, as well as the C7-T1 relationship are not well visualized in the lateral projection. These areas appear within normal limits on the AP projections. Evaluation of this area by CT is recommended. The balance of the cervical spine is entirely within normal limits.

Dictated by: JAMES T. SMITH, M.D. job 1414 3 -10-2000 1156  
hours

Verified by: JAMES T. SMITH, M.D. 03/10/2000 14:59

Trans: LAURA J. ODELL 03/10/2000 13:53

Technologist:LISA M. KELLY

RADIOLOGY REPORT  
VERIFIED

CHARLESTON AREA MEDICAL CENTER  
Department of Medical Imaging

ENCOUNTER: 1203788565

NAME: LESTER, CHRISTOPHER W  
MRN:00301467 PT. LOCATION:  
DOB:1/1/1971 00:00 SEX:M  
Patient type: E

Req. Phys: BAILEY,  
DAVID

Requesting Service: GEN EMERGENCY DEPARTMENT  
PT. NUMBER: 1203788565

Order: 1119245 Result: 930853 Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: C5 FELL QUES LOC HA SHOULDER RIB PAIN LEFT

SHOULDER-LEFT

Films of the left shoulder disclose no evidence of fracture or dislocation. The bony structures are within the range of normal.

IMPRESSION: Normal examination.

Dictated by: JAMES T. SMITH, M.D. job 1415 3-10-2000 1157 hours  
Verified by: JAMES T. SMITH, M.D. 03/10/2000 14:59

Trans: LAURA J. ODELL 03/10/2000 13:54

Technologist:LISA M. KELLY

RADIOLOGY REPORT  
VERIFIED



CHARLESTON AREA MEDICAL CENTER  
Department of Medical Imaging

ENCOUNTER: 1203788565

NAME: LESTER, CHRISTOPHER W  
MRN:00301467 PT. LOCATION:  
DOB: [REDACTED]/1971 00:00 SEX:M  
Patient type: E

Req. Phys: BAILEY,  
DAVID

Requesting Service: GEN EMERGENCY DEPARTMENT  
PT. NUMBER: 1203788565

Order: 1119242 Result: 930861 Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: FELL QUES LOC RT SIDED HASHOULDER RIB PAIN LEFT

LUMBAR SPINE ROUTINE

The vertebral bodies are in normal alignment. No bony abnormalities are seen. The intervertebral disc spaces are well maintained. The pedicles and other vertebral appendages appear normal.

IMPRESSION: Normal lumbar spine.

Dictated by: JAMES T. SMITH, M.D. JOB 1421 3-10-2000 1200  
hours  
Verified by: JAMES T. SMITH, M.D. 03/10/2000 14:59

Trans: LAURA J. ODELL 03/10/2000 13:57

Technologist:LISA M. KELLY

RADIOLOGY REPORT  
VERIFIED

500688.015.0521

CHARLESTON AREA MEDICAL CENTER  
Department of Medical Imaging

ENCOUNTER: 1203788565

NAME: LESTER, CHRISTOPHER W  
MRN:00301467 PT. LOCATION:  
DOB: [REDACTED]/1971 00:00 SEX:M  
Patient type: E

Req. Phys: BAILEY,  
DAVID

Requesting Service: GEN EMERGENCY DEPARTMENT  
PT. NUMBER: 1203788565

Order: 1119361 Result: 930795 Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: C 5 FELL UNABLE TO CLEAR

CT CERVICAL SPINE W/O CONTRAST

HISTORY: Recent fall.

3mm interval scans from the upper aspect of C5 through bottom aspect of T1 is performed with sagittal and coronal reconstructions. There is no acute fracture, subluxation or dislocation.

IMPRESSION:

No evidence of acute fracture or subluxation.

Dictated by: MARY H. MCJUNKIN, M.D. job 1324 3-10-2000 1016  
hours

Verified by: MARY H. MCJUNKIN, M.D. 03/10/2000 14:21

Trans: LAURA J. ODELL 03/10/2000 12:55

Technologist: RICHARD L. COOPER

RADIOLOGY REPORT  
VERIFIED

500688.015.0522

CHARLESTON AREA MEDICAL CENTER  
Department of Medical Imaging

ENCOUNTER: 1203788565

NAME: LESTER, CHRISTOPHER W  
MRN:00301467 PT. LOCATION:  
DOB:12/19/1971 00:00 SEX:M  
Patient type: E

Req. Phys: BAILEY,  
DAVID

Requesting Service: GEN EMERGENCY DEPARTMENT  
PT. NUMBER: 1203788565

Order: 1119361 Result: 930795 Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: C 5 FELL UNABLE TO CLEAR

CT CERVICAL SPINE W/O CONTRAST

HISTORY: Recent fall.

3mm interval scans from the upper aspect of C5 through bottom aspect of T1 is performed with sagittal and coronal reconstructions. There is no acute fracture, subluxation or dislocation.

IMPRESSION:

No evidence of acute fracture or subluxation.

Dictated by: MARY H. MCJUNKIN, M.D. job 1324 3-10-2000 1016  
hours  
Verified by: MARY H. MCJUNKIN, M.D. 03/10/2000 14:21

Trans: LAURA J. ODELL 03/10/2000 12:55

Technologist: RICHARD L. COOPER

RADIOLOGY REPORT  
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500688.015.0523

CHARLESTON AREA MEDICAL CENTER  
Department of Medical Imaging

ENCOUNTER: 1203788565

NAME: LESTER, CHRISTOPHER W  
MRN:00301467 PT. LOCATION:  
DOB:12/1971 00:00 SEX:M  
Patient type: E

Req. Phys: BAILEY,  
DAVID

Requesting Service: GEN EMERGENCY DEPARTMENT  
PT. NUMBER: 1203788565

Order: 1119240 Result: 930855 Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: C5 FELL QUES LOC RT SIDED HASHOULDER RIB PAIN

CHEST 1 VIEW

AP supine view of the chest obtained in the department shows no abnormality. The heart and lungs are normal.

Dictated by: JAMES T. SMITH, M.D. job 1416 3-10-2000 1157  
hours

Verified by: JAMES T. SMITH, M.D. 03/10/2000 14:59

Trans: LAURA J. ODELL 03/10/2000 13:55

Technologist:LISA M. KELLY

RADIOLOGY REPORT  
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500688.015.0524

CHARLESTON AREA MEDICAL CENTER  
Department of Medical Imaging

ENCOUNTER: 1203788565

NAME: LESTER, CHRISTOPHER W  
MRN:00301467 PT. LOCATION:  
DOB:12/19/1971 00:00 SEX:M  
Patient type: E

Req. Phys: BAILEY,  
DAVID

Requesting Service: GEN EMERGENCY DEPARTMENT  
PT. NUMBER: 1203788565

Order: 1119246 Result: 930857 Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: C5 FELL QUES LOC HA RTSIDES, SHOULDER RIB PAIN

HIP - LEFT

Films of the left hip disclose no evidence of fracture or  
dislocation. The bony structures are within the range of normal.

IMPRESSION: Normal examination.

Dictated by: JAMES T. SMITH, M.D. job 1417 3-10-2000 1157  
hours

Verified by: JAMES T. SMITH, M.D. 03/10/2000 14:59

Trans: LAURA J. ODELL 03/10/2000 13:56

Technologist:LISA M. KELLY

RADIOLOGY REPORT  
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500688.015.0525

CHARLESTON AREA MEDICAL CENTER  
Department of Medical Imaging

ENCOUNTER: 1203788565

NAME: LESTER, CHRISTOPHER W  
MRN:00301467 PT. LOCATION:  
DOB: [REDACTED] 1971 00:00 SEX:M  
Patient type: E

Req. Phys: BAILEY,  
DAVID

Requesting Service: GEN EMERGENCY DEPARTMENT  
PT. NUMBER: 1203788565

Order: 1119247 Result: 930859 Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: C 5 FELL QUES LOC HA LTSHOULDER RIB PAIN

ANKLE LEFT

Films of the left ankle disclose no evidence of fracture or  
dislocation. The bony structures are within the range of normal.

IMPRESSION: Normal examination.

Dictated by: JAMES T. SMITH, M.D. job 1418 3-10-2000 1158  
hours  
Verified by: JAMES T. SMITH, M.D. 03/10/2000 14:59

Trans: LAURA J. ODELL 03/10/2000 13:56

Technologist:LISA M. KELLY

RADIOLOGY REPORT  
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500688.015.0526

CHARLESTON AREA MEDICAL CENTER  
Department of Medical Imaging

ENCOUNTER: 1203788565

NAME: LESTER, CHRISTOPHER W  
MRN:00301467 PT. LOCATION:  
DOB: [REDACTED]/1971 00:00 SEX:M  
Patient type: E

Req. Phys: BAILEY,  
DAVID

Requesting Service: GEN EMERGENCY DEPARTMENT  
PT. NUMBER: 1203788565

Order: 1119243 Result: 930860 Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: C 5 FELL HA QUES LOC PAIN SHOULDER RIB PAIN

PELVIS

AP supine views of the pelvis show no evidence of bony injury or  
other abnormality.

Dictated by: JAMES T. SMITH, M.D. job 1419 3-10-2000 1158  
hours  
Verified by: JAMES T. SMITH, M.D. 03/10/2000 14:59

Trans: LAURA J. ODELL 03/10/2000 13:57

Technologist: LISA M. KELLY

RADIOLOGY REPORT  
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500688.015.0527

CHARLESTON AREA MEDICAL CENTER  
Department of Medical Imaging

ENCOUNTER: 1203788565

NAME: LESTER, CHRISTOPHER W  
MRN:00301467 PT. LOCATION:  
DOB: [REDACTED]/1971 00:00 SEX:M  
Patient type: E

Req. Phys: BAILEY,  
DAVID

Requesting Service: GEN EMERGENCY DEPARTMENT  
PT. NUMBER: 1203788565

Order: 1119244 Result: 930863 Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: C 5 FELL QUES LOC SHOULDER RIBPAIN HA

THORACIC SPINE

There is anterior wedging of one of the lower dorsal vertebrae which represents T11. This is of undetermined age but may well be old. Please correlate clinically.

CONCLUSION:

There is a compression injury of the body of T11 anteriorly of undetermined age-possibly old.

Dictated by: JAMES T. SMITH, M.D. job 1423 3-10-2000 1201  
hours  
Verified by: JAMES T. SMITH, M.D. 03/10/2000 14:59

Trans: LAURA J. ODELL 03/10/2000 13:58

Technologist:LISA M. KELLY

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500688.015.0528



CHARLESTON AREA MEDICAL CENTER  
Department of Medical Imaging

ENCOUNTER: 1203788565

NAME: LESTER, CHRISTOPHER W  
MRN:00301467 PT. LOCATION:  
DOB: [REDACTED]/1971 00:00 SEX:M  
Patient type: E

Req. Phys: BAILEY,  
DAVID

Requesting Service: GEN EMERGENCY DEPARTMENT  
PT. NUMBER: 1203788565

Order: 1119239 Result: 930793 Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: C 5 FELL QUES LOC RT SIDED HALT SHOULDER RIB  
PAIN

CT HEAD WITHOUT CONTRAST

HISTORY: Recent fall.

Noncontrasted study of the head reveals a linear density in the left frontal region which I believe represents streak artifact. This is persistent inspite of repeat imaging. I doubt that there is a subdural or epidural hematoma of significance. The ventricular systems are within normal limits without midline shift. There is a single rounded low density lesion in the right basal ganglia of questionable etiology. Old lacunar infarct cannot be excluded. There is no cranial vault fracture.

IMPRESSION:

Single rounded low density lesion in the right basal ganglia of questionable etiology. An old infarct cannot be completely excluded. No definite acute hemorrhage.

Dictated by: MARY H. MCJUNKIN, M.D. 3-10-00 1015 hours job 1323  
Verified by: MARY H. MCJUNKIN, M.D. 03/10/2000 14:18

Trans: DARLENE A. MINK 03/10/2000 12:53

Technologist: RICHARD L. COOPER

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